

Religious Vaccine Exemption Declaration

Date: _____

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby declare my religious exemption from the vaccination requirement due to my deeply held beliefs.

As a person of faith, I believe that [briefly explain your beliefs regarding vaccination]. My faith prohibits me from receiving [name of the vaccine], and I respectfully request that you honor my religious beliefs.

Thank you for your understanding and consideration in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]